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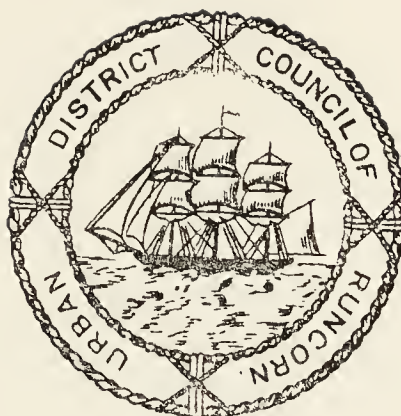
ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the

Year ending 31st December, 1951



URBAN DISTRICT AUTHORITY OF RUNCORN

ANNUAL REPORT

1951

BY

MEDICAL OFFICER OF HEALTH

Officials of the Public Health Department :

- (1) *Medical Officer of Health, Runcorn Urban and Rural Districts*
- (2) *Divisional Medical Officer of Health
and Divisional School Medical Officer (Runcorn Division)*

E. N. HILLMAN GRAY, L.R.C.P. & S., L.M., D.P.H.

Sanitary Inspectors:

- **Senior:* Mr. ALLEN DALE, M.R.San.I., M.S.I.A., Cert.R.S.I. Meat and Foods.
- **Additional:* Mr. ALBERT DUCKWORTH, M.S.I.A., Cert.R.S.I., Meat and Foods.
- Additional:* Mr. JOHN CABOURNE, A.R.San.I., M.S.I.A., Cert.R.S.I., Meat and Foods.
(*also appointed Shops Inspector)

Members of the Urban District Council of Runcorn

Chairman of the Council:

COUNCILLOR H. HUGHES, J.P., C.C.

Vice-Chairman of the Council:

COUNCILLOR H. GOODALL (Chairman of the Public Health Committee)

COUNCILLOR E. C. BROOKER, J.P.

„ G. ELLIS

COUNTY ALDERMAN W. GITTINS, J.P.

COUNCILLOR F. HOLT

„ S. HOLT

„ C. J. HELSBY

„ J. HENDERSON

„ W. S. HUXTABLE

„ G. A. LOWE

„ P. A. MEGGITT, J.P.

„ C. C. POSNETT, C.C.

„ W. C. PREECE

„ F. RATCLIFFE

„ T. B. SHALLCROSS

„ A. SALAD

„ J. TILDSLEY, J.P. (Chairman of the Finance Committee)

„ A. WOOD

„ T. WHITBY, J.P.

„ G. WRIGHT, J.P.

Officers

Solicitor-Clerk of the Council: Mr. T. J. LEWIS

Engineer and Surveyor: Mr. A. B. CUNNINGHAM (M.I.Mun., M. & Cy.E.)

Treasurer: Mr. C. NORMAN GREEN

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INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE
URBAN DISTRICT COUNCIL OF RUNCORN

Gentlemen,

My Annual Report for the year ending 31st December, 1951, is a satisfactory one as it applies to the health of the people: infectious disease (notifiable) is less than ever, though a warning must be given to all concerned that they should have their child/children *properly* immunised against diphtheria: immunisation against whooping cough is also available *free of charge* by the patient's own doctor or at school or Welfare Clinics.

Again housing of the people is the *matter* which counts, especially for young couples; much worry and anxiety is caused through persons living in overcrowded and/or insanitary houses or living with others, though it must be stated my Council have done as well as possible in relieving this matter. When the housing survey of the town is completed (towards end of 1952) by the Senior Sanitary Inspector and his staff and when various queries are dealt with by me; as a result, it is hoped that Category 4 property will be able to be suitably dealt with and new houses built in lieu.

Special attention is drawn to Appendix "A"—"THE COMMON-SENSE PREVENTIVE MEASURES AGAINST DISEASE"—if all concerned read and carried these matters out, disease would be even less than it is.

Finally, as stated in previous Reports, as one of the measures of having "HEALTH AND THE JOY OF LIFE"—*WORK HARD—PLAY HARD—and—LEARN TO RELAX.*

With research and its results applied sincerely and scientifically, we can have proper shelter for the people, more land (at home and overseas) under cultivation, this means we could have more homes, more food and more work for all, all over the world—the Bill of Human Rights (United Nations) demands we *start at once* to have these.

Annual Report, 1951—Divisional Medical Officer of Health (Runcorn Division). By agreement with the Cheshire County Council and my local Councils, this Report is included as an Appendix "B" and attached hereto.

The co-operation and help of all concerned outside my offices, in the Public Health Departments and other Departments has been greatly appreciated by me in the carrying out of my various duties—without the "TEAM SPIRIT" it would be difficult to obtain results.

I beg to remain,

Your obedient Servant,

E. N. HILLMAN GRAY,

Medical Officer of Health.

SECTION A—Statistics and Social Conditions of the Area

(a)	Area (in acres)	....	....	....	....	2,904
(b)	Estimated Population (Mid 1951)	....	....	....	....	23,890
(c)	Number of Inhabited Houses (end 1951) according to the Rate Books	....	....	....	....	7,089
(d)	Rateable value of the District (31st December, 1951)	....	....	....	....	£141,143
(e)	Sum represented by one penny rate (approx.) (31st December, 1951)	....	....	....	....	£557
(f)	Density of Population. Number of Persons per acre (estimated population June, 1951)	....	....	....	....	8.23
(g)	Average number of persons per inhabited house (estimated population June, 1951)	....	....	....	....	3.37

Social Conditions

Runcorn is distinctly urban in character, situated on the south bank of the estuary of the River Mersey. The ground rises from the river, the highest point being at Runcorn Hill, 256 feet above sea-level.

The town is built on red sandstone with pockets of boulder clay.

Chemical industries and tanneries absorb the bulk of the working population of the town. Many young people are engaged in cable works and jam works situated in the Rural District, while persons of all ages are employed on the river and canals.

Vital Statistics				Total	M.	F.
LIVE BIRTHS—Legitimate	....	....	....	363	191	172
Illegitimate	....	....	....	21	10	11

Birth Rate per 1,000 of the estimated resident population : 16.07.
Live births born outside Runcorn Urban District but belonging to the Runcorn Urban District (193)—8.07 per 1,000 resident population.

				Total	M.	F.
STILL BIRTHS	....	....	....	11	6	5
Rate per 1,000 total (live and still births) : 27.85.						

DEATHS

Death rate per 1,000 of the estimated resident population : 13.34.

Deaths from Pregnancy, Childbirth, Abortion

(Heading No. 30 of Registrar-General's Short List)

Rate per 1,000 (live and still births)

Deaths: Nil.

Death Rate of Infants under One Year of Age

All infants per 1,000 live births (12 deaths)	....	....	31.25
Legitimate infants per 1,000 legitimate live births (12)	....	....	33.05
Illegitimate infants per 1,000 illegitimate live births (nil deaths)	....	....	0.00

Particulars of any unusual or excessive mortality during the year which has received or required comment

The causes of the highest mortality were :—

Heart Disease	....	116
Cancer	....	49

Heart disease was prevalent in persons over 65 years of age; some cases may have been due to the effects of, e.g., bad diet and lack of vitamin C and/or rheumatism in childhood. This is about to be further investigated under instructions from the Ministry of Health (e.g., lack of vitamin C, gland deficiency, etc.).

Infant Mortality

The cause of Deaths of Infants during 1951 are recorded in the following table :

<i>Cause of Death</i>	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3-6 months	6-9 months	9-12 months	Total deaths under one year
Atelectasis (hospital)	3	—	—	—	3	—	—	—	—	3
Asphyxia (hospital)....	1	—	—	—	1	—	—	—	—	1
Congenital disease of heart (home)	—	—	—	—	—	1	—	—	—	1
Broncho-pneumonia (hosp.)	1	—	—	—	1	—	—	—	—	1
Gastro-enteritis (hosp.)	—	—	1	—	1	—	—	—	—	1
Intracranial haemorrhage (home and hospital)	1	1	—	—	2	—	—	—	—	2
Premature birth (home and hospital)	2	—	—	—	2	—	—	—	—	2
Pneumonia (home)	—	—	—	—	—	—	1	—	—	1
TOTALS	8	1	1	—	10	1	1	—	—	12

N.B.: Infantile Mortality rate per 1,000 live births: 31.25

There were 217 deaths of persons over 65 years of age.

					<i>M.</i>	<i>F.</i>	<i>Total</i>
From 65-69	Number of Deaths	....	....		29	23	52
„ 70-79	„ „ „	....	....		58	49	107
„ 80-89	„ „ „	....	....		20	33	53
„ 90-99	„ „ „	....	....		3	2	5
„ 100	„ „ „	....	....		—	—	—

Table of Comparative Rates

<i>Year</i>	<i>Estimated Mid-year Population</i>	<i>Birth Rate</i>	<i>Death Rate</i>	<i>Infantile Mortality</i>
1942	22,730	17.9	22.2	56.2
1943	22,450	17.66	13.22	53.24
1944	21,840	20.6	13.2	65.7
1945	21,690	19.2	13.42	66.98
1946	22,940	20.88	13.25	41.75
1947	23,360	25.5	12.11	48.5
1948	23,800	20.53	9.74	20.96
1949	23,770	17.29	11.23	51.09
1950	24,000	10.5	10.79	33.3
1951	23,890	16.07	13.34	31.25

Inquests were held regarding 11 deaths, 4 of which were inward transfers.

SECTION B.

General Provisions of Health Services in the Area

1. Public Health Officers

The names, qualifications, of these are given at the beginning of the Report.

2. Facilities

(a) Laboratory Facilities

The Biological Institute of Messrs. Evans Medical Supplies, Ltd., is established in Runcorn. The Institute can supply serum for cases of anthrax in emergency.

The Chester and District Hospital Management Committee have informed all general practitioners that they would be responsible for the supply of diphtheria antitoxin (free)—in emergency at the

Runcorn Victoria Memorial Hospital (Matron). In addition, it can be obtained at any general hospital. Supplies can also be obtained (in emergency) from any infectious disease hospital, e.g., Warrington and Davenham.

Practitioners may, if they wish, obtain a small stock from a hospital in anticipation of requirements rather than wait until they need it for a particular case.

Stock held by hospitals or practitioners should be returned three months before expiry date for exchange to the source of supply.

In few diseases is prompt treatment as necessary as diphtheria.

N.B.—Antitoxin should be given in all suspicious cases at once, *in the home or in the hospital. SWABBING IS ONLY AN AID TO DIAGNOSIS.* This is most important owing to the fall in the percentage of children immunised against diphtheria.

Swabs were examined at the Public Health Laboratory, Hamilton Square, Birkenhead, in addition, as required, the laboratories at Chester and Warrington, free of charge. (*This applies to all examinations carried out in the interests of Public Health.*)

Milk specimens are sent to the Public Health Laboratory, Hamilton Square, Birkenhead, for examination.

V.D. specimens are sent to the Public Health Laboratory Hamilton Square, Birkenhead; they may also be sent to the Public Health Laboratory, Manchester.

N.B.—The Public Health Laboratory, Manchester and Birkenhead, also the laboratories at the Warrington and Chester Royal Infirmarys, are available to examine and report on specimen swabs, etc., in the interests of preventive medicine.

SECTION C

Sanitary Circumstances

1. (i) WATER. The water supply consists of a mixture of soft water from Lake Vyrnwy and hard Runcorn Well water.

Frequent tests are made of the water by the Council, and during the year 7 tests of Vyrnwy and 8 of mixed water were made, and 81 tests of Well water (which is under constant supervision).

The Report of the Analyst is : “That the water generally is free from organic pollution and is suitable for drinking purposes.”

(ii) Ministry of Health Circular 42/51 requires the following information regarding water supplies in the area:—

- (i) Whether the water supply of the area and of its several parts has been satisfactory.
- (a) In quality Yes
- (b) In quantity Yes
- (ii) Where there is a piped supply whether bacteriological examinations were made of (i) the raw water and (ii) where treatment is installed, of water going into supply ; if so
- (a) How many ?.... Yes (i) 42 ; (ii) 54
- (b) The results obtained. Number of coliform organisms per 100 mls. Satisfactory
- (c) The results of any chemical analysis Satisfactory
- (iii) Where the waters are liable to have plumbo solvent action the facts as to contamination by lead, including precautions taken and number and result of analyses :—
Report of Analyst does not indicate plumbo solvent action in any of the testings made.
- (iv) Action in respect of any form of contamination :—
None.
- (v) Particulars of the number of dwelling-houses and the number of the population supplied from public water mains :—
- (a) Direct to the houses 7,089
- (b) By means of stand pipes Nil

(i) DRAINAGE AND SEWERAGE.—Most of the sewers empty into one large intercepting sewer which passes under the Manchester Ship Canal at No Man's Land, and another sewer dips under the Ship Canal at the westerly boundary of the District and is discharged similarly into the Mersey estuary.

Action to improve sewerage disposal is under consideration; suitable action is required as soon as possible.

(ii) PUBLIC CLEANSING. The collection of house refuse is carried out by the Local Authority over the whole district on a weekly basis, and disposal is by controlled tipping. D.D.T., etc., is used as required.

The collection of salvage material has developed considerably during the year and *should continue for some time as a national necessity.*

(iii) Sanitary Inspection of the Area

The following tabular statement is furnished by the Senior Sanitary Inspector under Article 27 (18) of the Sanitary Officers' (Outside London) Regulations, 1935, or Article 19 of the Sanitary Officers' Order, 1936 :—

Inspections made for all purposes	5,675
Nuisances dealt with	938
Notices served (Informal, <i>re</i> 391 houses)	366

Summary of Visits and Inspections

<i>Description</i>				
Bakehouses	....	....	....	73
Canal boats	....	....	....	151
Common lodging houses	....	....	....	6
Complaints	....	....	....	446
Cowsheds	....	....	....	8
Dairies and milk shops	....	....	....	83
Disinfections	....	....	....	103
Factories	....	....	....	137
Fish offals	....	....	....	10
Food shops	....	....	....	560
General shops	....	....	....	30
Houses inspected	....	....	....	699
Ice-cream premises	....	....	....	70
Ice-cream testings	....	....	....	65
Infectious diseases enquiries	....	....	....	118
Infectious disease revisits	....	....	....	26
Licensed music halls	....	....	....	15
Licensed premises	....	....	....	55
Manure middens	....	....	....	34
Middens and pail closets	....	....	....	8
Milk testings	....	....	....	111
Miscellaneous visits	....	....	....	203
Nuisance abatements (revisits)	....	....	....	1072
Offensive trades	....	....	....	3
Overcrowding visits	....	....	....	45
Owner-agents interviewed	....	....	....	172
Piggeries	....	....	....	22
Public conveniences	....	....	....	125
Refuse tips	....	....	....	220
Rodent control	....	....	....	93
School conveniences	....	....	....	38
Slaughterhouse	....	....	....	490
Smoke abatement	....	....	....	15
Tents, vans, etc.	....	....	....	85
Water closets and drains	....	....	....	96
Wasteland visits	....	....	....	36
Water samples (domestic)	....	....	....	96
Water samples (Baths—Bacteriological Chemical)	....	....	....	20
TOTAL				5675

(iv) Shops

During the year 560 inspections of shops were made and apart from a few minor contraventions, were found to be in a satisfactory condition in relation to ventilation, temperature and sanitary accommodation. Generally speaking the shops were found to be well kept.

The provisions of the Employment of Young Persons Act and the Shops (Closing Hours) Act, were observed fairly generally. It was not found necessary to take legal action under the Shops Acts.

(v) Smoke Abatement

Observations of factory chimneys were made, and visits to factories where representations were deemed to be necessary followed. Where the question of the emission of black smoke was involved, ready co-operation was offered by the management of factories concerned.

It was fairly obvious that the combustible used was a contributory cause of the nuisance; on the other hand the method of stoking left something to be desired; in such instances advice was given and this, generally speaking, was appreciated.

It was not deemed necessary for any legal action to be taken.

(vi) Swimming Baths

The Urban District Council maintains a Swimming Bath which is supplied with water partly from a spring and partly from the town's mains which is passed through a filtration plant charged with chlorine. It is tested for its purity and chlorine content at least twice a month during the season, and its physical characteristics are satisfactory. Daily checks are made for chlorine content by the Bath's Superintendent.

Twenty samples of Bath's water were tested, and the Analyst reported on the fluctuations of the composition of the water at various times, e.g., when the load was heavier and the temperature consequently higher. Attention was immediately given to any adverse report and the process of chlorination adjusted as required.

Certain standard improvements are required when money, labour and material are available.

(vii) Eradication of Bed Bugs

The following particulars are given of action taken for the eradication of bed bugs :—

			<i>Infested</i>	<i>Disinfested</i>
1. (a) Number of Council houses	....	....	4	4
(b) Number of other houses	....	....	37	37

2. The methods employed for freeing infested houses include application of strong vermicides and fumigants of high potency :

- | | |
|--|----------------|
| (1) Vermicine. | (2) Zaldecide. |
| (3) Slatford Insecticide made by British Fumigants, Ltd. | |
| (4) Gammexane. | (5) D.D.T. |

4.—Schools

During the year 32 inspections of public elementary schools sanitary accommodations were made; with the exception of certain maintenance repairs which were notified to the several School Management Committees and which received attention, the general conditions were fairly good. It was, however, obvious that the playgrounds of some schools require remaking or reforming in order to prevent the accumulation of dust or the ponding of the surface. Attention also should be given to the installation of urinal accommodation with flushing arrangements at schools which are not provided with the latter facilities, that is permanent flushing arrangements. I have brought these matters to the notice of the managements concerned.

Note by M.O.H.: The County Medical Officer of Health, Cheshire, has reported direct to the Director of Education on the sanitary conditions of schools (in and outside).

5.—Rodent Control

During the year the administration of the "Prevention of Damage by Pests Act, 1949" has led to many visits and treatments of dwellings and business premises being carried out.

Treatment of infestation at private dwellings is carried out free of charge, but a charge is made for rodent control work in connection with trade premises and land.

During the year 1951, disinfestations were dealt with at 118 premises which involved the making of 1,155 visits; 983 rats and 615 mice were accounted for.

The premises dealt with consisted of:—Business, 86; Private Dwellings, 136; Council Premises, 18.

Sewer treatment was carried out in May and November with satisfactory results.

6.—Licensed Premises

The inspection of licensed premises was periodically carried out, special attention being given to the sterilisation of glasses. Many licensees readily co-operated by introducing reliable sterilising agents.

Attention, too, was given to the provision of sanitary accommodation adequate for both sexes. In several instances improvement was achieved.

FACTORIES ACTS, 1937 and 1938

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

<i>Premises (1)</i>	<i>M/c line No. (2)</i>	<i>Number on Register (3)</i>	<i>Number of</i>			<i>M/c line No. (7)</i>
			<i>Inspections (4)</i>	<i>Written Notices (5)</i>	<i>Occupiers Prosecuted (6)</i>	
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	45	64	14	—	1
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	2	58	52	4	—	2
3. Other Premises in which Section 7 is en- forced by the Local Authority (excluding out-workers' premises)	3	—	—	—	—	3
TOTAL		103	116	18	—	

—CASES IN WHICH DEFECTS WERE FOUND

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	Referred			
				To H.M. Inspector (5)	By H.M. Inspector (6)		
Want of cleanliness (S.1)	4	9	8	—	2	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7) : (a) insufficient	9	2	1	—	2	—	9
(b) unsuitable or defective	10	10	9	—	4	—	10
(c) not separate for sexes	11	1	—	—	1	—	11
Other offences against the Act (not including offences relating to Out- work)	12	—	—	—	—	—	12
TOTAL	60	22	18	—	9	—	60

Number on Outworkers Lists : 5.

SECTION D

Housing

Number of inhabited houses in Urban District, 31st December, 1951	....	....	....	....	....	7,089
Density of houses (number of houses per acre)	....	....				2.44
Number of houses (new) erected during 1951						
By Local Authority	....	....	....	....	....	196
By other bodies or persons	....	....	....	....	....	23
Number of houses owned by Local Authority				permanent	711	} 791
				prefab	80	

I—Inspection of dwelling houses during 1951:—

1. (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 687
- (b) Number of inspections made for all purposes 1,370
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Acts 2
- (b) Number of inspections made for the purpose 4
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 2
4. Number of dwelling houses (exclusive of those referred to under the previous sub-head) found not to be in all respects fit for human habitation 391

II—Remedy of defects during the year without the service of formal notices:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	250
---	------	------	------	-----

III—Action under Statutory Powers during the year:—

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	nil
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By owners	nil
(b) By Local Authority in default of owners	nil

(B) Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	150
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:	
(a) By the owners	65
(b) By Local Authority in default of owners	72

(C) Proceedings under Sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	nil
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	nil

4. Housing Act, 1936—Part IV—Overcrowding

(a) (1) Number of dwellings overcrowded at end of year	4
(2) Number of families dwelling therein	7
(3) Number of persons dwelling therein	29
(b) Number of new cases of overcrowding reported during the year	nil
(c) (1) Number of cases of overcrowding relieved during the year	30
(2) Number of persons concerned in such cases	237
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	nil

ANNUAL REPORT OF CANAL BOAT INSPECTOR

I have to report that during the year 1951, the number of canal boats inspected was one hundred and fifty-one. The undermentioned contraventions were found to exist and affected 28 boats.

Notices were served on the respective owners and either received attention or were at the end of the year undergoing repairs and abatement.

CONTRAVENTIONS

Leaking top and sides of cabin	....	....	11
Painting due	....	....	1
Defective water vessels	....	....	2
Overcrowding of cabin	....	....	1
Verminous conditions	....	....	1
No Certificate on board	....	....	13
Markings of boat obliterated or incorrect			5
Total			34

The number of people found on canal boats was :—

Men, 127; women, 93; children, 109.

The age group of children is herewith given:—

Age	Babies	1	2	3	4	5	6	7	8	9	10	11	12
Number	—	11	2	9	11	9	8	15	10	15	9	7	3
Total children: 109													

Most of the canal boats referred to were narrow boats, which worked in pairs; the high percentage of women and children will be noted.

The number of canal boats on the Register at the end of 1951 was 338. One boat was deregistered during the year.

There have been no cases of infectious disease notified on a canal boat during the year.

The opinion which I have expressed in previous Annual Reports during the past five years, to the effect that improvements in sanitary arrangements, water supply, cubic air space, and bathing facilities were long overdue, and should be provided for whenever new Canal Boat Regulations are drafted, I again reiterate, as I consider the matter to be one of urgency.

I understand that the Ministry of Housing and Local Government now have this matter under active consideration and have invited the views of interested bodies thereon including the Sanitary Inspectors Association who in turn have circulated their own members for their opinions. I trust that as a result new regulations will be in force before my next annual report is due.

SECTION E

Inspection and Supervision of Food

(a) (i) Milk Supply

There are seven cow keepers in the area of the Urban District, three of whom produce "accredited" milk under licence from the Cheshire County Council.

During the year eight visits were made to cowsheds and 83 visits to dairies.

There are on our register 60 retailers of milk, of whom 56 are registered to retail milk in bottles and 4 for the sale of loose milk.

One dairy in the area is approved by the Ministry of Food for the Pasteurisation of Milk on the "Holder System".

(ii) Milk Testing

During the year under review 111 samples of milk were submitted for analytical report to the Public Health Laboratory at Birkenhead.

Thirty samples of milk delivered to the schools in the area were tested and were reported upon as satisfactory.

Of the remaining 81 testings 7 failed the methylene blue and 2 the phosphatase test. Suitable action was taken in these cases—subsequent samples were satisfactory.

The table below indicated the Reports of the Analyst of testings made during the year 1951—

Type	No. of Sample	Methylene Blue Test (Keeping Quality)			Phosphatase Test (Heat Treatment)			Tubercle Bacilli		
		Pass	Fail	% Satis- factory	Pass	Fail	% Satis- factory	Absent	Present	Turbid Satis- factory
Tuberculin Tested	8	5	3	62.50	—	—	—	—	—	—
Accredited	5	4	1	80.00	—	—	—	5	—	—
Tuberculin Tested (Pasteurised)	16	14	2	87.50	16	—	100.	—	—	—
Pasteurised	48	48	—	100.	46	2	95.64	—	—	—
Sterilised	15	15	—	100.	15	—	100.	—	—	15
Non-designated	19	18	1	94.74	—	—	—	18	1	—
TOTAL	111	104	7	93.70	77	2	97.40	23	1	15

Where results were unsatisfactory, investigation and further sampling was carried out, when satisfactory results were obtained.

(b) Milk (Special Designations) (Raw Milk) Regulations, 1949.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The number of licences granted under the above Regulations was 60, viz:—

Accredited Milk	....	....	Retailers Licence	....	5
			Supplementary Licence	....	2
Tuberculin Tested	....	....	Retailers Licence	....	7
			Supplementary Licence	....	2
Pasteurised Milk	....	....	Retailers Licence	....	5
			Supplementary Licence	....	3
Sterilised Milk	....	....	Retailers Licence	....	36

Food and Drugs Act, 1938

(1) (a) Inspection of Premises where food is prepared

Special attention was given during the year to the inspection of food shops. The adoption of Byelaws by the Council made under Section 15 of the Food and Drugs Act, 1938, for securing the observance of sanitary and cleanly conditions and practices in connection with the handling, wrapping and delivery of food and the sale of food in the open air, was a measure taken to bring about such hygienic conditions in and about food shops as would lead to the protection of food against contamination.

Five hundred and sixty visits were made to food shops, warehouses and factories; shop proprietors were found for the most part to be co-operative.

It became necessary, however, to issue informal notices in respect of 41 shops for the provision of facilities and the protection of food as prescribed by the Food Byelaws. At the close of the year 37 of the notices served had been complied with and the remaining were receiving due attention.

(b) Ice-cream

Inspections were regularly made of premises where ice-cream is manufactured also from which it is retailed. There are 79 premises registered for the sale of ice-cream and one for the manufacture of it. No serious contraventions were found therein.

(c) Ice-cream Testings

Forty-eight samples of ice-cream and seventeen ice-lollies were submitted to the Analyst for report, and the table herewith given indicates the substance of the same:

Testings of ice-cream	....	....	Satisfactory	....	....	48
„ „ ice-lollies	....	....	Satisfactory	....	....	17

(d) Unsound Food

Under the "Unsound Food Provisions," the undermentioned articles of food were found to be unfit for consumption, on shop premises, and were condemned:—

Asparagus	....	....	16 lbs.	Fish (canned)	....	10 tins
Baby Food	....	....	2 tins	Fish (wet)	....	119 lbs.
Biscuits	....	....	51 lbs.	Flour	....	7 lbs.
Barley	....	....	7 lbs.	Ham (canned) (72 tins)	....	1007 lbs.
Cake	....	....	59 lbs.	Preserves	....	17 tins
Cheese	....	....	39 lbs.	Porage Oats	....	176 lbs.
Coffee (dehydrated)	....	....	52 tins	Puddings	....	1 tin
Cream	....	....	5 cartons	Rabbits (canned)	....	3 tins
Fruit (canned)	....	....	35 tins	Rice	....	6 lbs.
Meat	....	....	154 lbs.	Soup (canned)	....	27 tins
Meat (canned)	....	....	213 lbs.	Sponge Mixture	....	84 pkts.
Milk (canned)	....	....	29 tins	Vegetables (canned)	....	32 tins

The Ministries of Health and Food have taken up the matter of the amount of imported food condemned.

(2) (a) Slaughterhouse

The Council's slaughterhouse is still controlled by the Ministry of Food; the slaughtering of animals and the distribution of meat, both freshly killed and imported is organised for the supply of approximately 70 shops in the Urban and Rural Districts.

Whilst the slaughterhouse is *not* a modern building, it has been altered and adapted in such a manner as to meet the needs of the area as far as possible.

(b) Slaughtering of Animals Act

The provisions of the above Act are stringently enforced and all persons engaged in the slaughter of animals are licensed for that purpose. During the year 16 applications for the renewal of licences were approved.

(c) Meat Regulations

The Public Health (Meat) Regulations, 1924, are observed satisfactorily, and no legal proceedings on account of contraventions have been necessary.

The transport of meat is effected by means of insulated vehicles, and the provisions of the Act are well maintained.

(3) Meat Inspection

The inspection of all animals killed is carried out by fully qualified inspectors.

Daily visits are made to the slaughterhouse, and no meat or edible offal is allowed to pass out until the decision of the inspector has been given.

Four hundred and ninety visits were made for the purpose of meat inspection during the year 1951, and 13,570 animals were dealt with during the year.

(a) TABLE OF ANIMALS KILLED AND INSPECTED

<i>Type</i>	<i>Number</i>	<i>Under Tuberculosis Order, 1938</i>	<i>Emergency Slaughter</i>	<i>Total</i>
Bulls	46	—	4	50
Bullocks	833	—	4	837
Cows	791	2	84	877
Heifers Cow-Heifers	1378	—	38	1416
Calves	1681	—	28	1709
Sheep and Lambs	8066	—	32	8098
Pigs	488	—	95	583
TOTAL	13283	2	285	13570

(b) MEAT AND EDIBLE OFFALS CONDEMNED

The amount of meat and edible offals condemned was:—

For tuberculosis	....	....	....	12 tons 17 cwts. 3 qrs. 0 lbs.
For other causes	....	....	....	13 tons 19 cwts. 1 qr. 17 lbs.

TOTAL: 26 tons 17 cwt. 0 qrs. 17 lbs.

Carcases Inspected and Condemned

	<i>Cattle, excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	2303	877	1709	8098	583
Number inspected	2303	877	1709	8098	583
All Diseases except Tuberculosis : Whole carcases condemned	2	6	14	12	2
Carcases of which some part or organ was condemned	1000	345	3	221	38
Percentage of the No. inspected affected with disease other than Tuberculosis	43.42 %	40.32 %	.99 %	2.87 %	6.86 %
Tuberculosis only : Whole carcases condemned	4	22	1	nil	2
Carcases of which some part or organ was condemned	116	345	nil	nil	34
Percentage of the No. inspected affected with Tuberculosis	5.21 %	41.84 %	00.56 %	nil	6.17 %

A. DALE, Senior Sanitary Inspector and Meat and Food Inspector.

Adulteration, etc.

FOOD AND DRUGS ACT, 1938

I am indebted to the Chief Inspector of the Cheshire County Council for the following report of the work carried out by his department in the Runcorn Urban District under the Foods and Drugs Act during the year 1951.

Samples obtained during the year ended 31st December, 1951.

<i>Name of Sample</i>					<i>No. obtained</i>	<i>No. adulterated</i>
Aspirin tablets	....	....	....	....	1	—
Bovine fat	....	....	....	....	1	1
Butter	....	....	....	....	2	—
Cheese	....	....	....	....	2	—
Cheese spread	....	....	....	....	1	—
Cooking fat	....	....	....	....	2	—
Cocoa	....	....	....	....	1	—
Fish cakes	....	....	....	....	1	—
Iodine, tincture of	....	....	....	....	1	—
Ice cream	....	....	....	....	2	—
Iodised salt	....	....	....	....	1	1
Jam, strawberry	....	....	....	....	1	—
Milk, condensed, full-cream	....	....	....	....	1	—
Milk	....	....	....	....	40	1
Margarine	....	....	....	....	2	—
Rose hip syrup	....	....	....	....	1	—
Sauce	....	....	....	....	1	—
Tonic syrup	....	....	....	....	1	—
Synthetic cream	....	....	....	....	1	1
Totals					63	4

List of Samples Reported Against in the Runcorn Urban District year ended 31st December, 1951

<i>No.</i>	<i>Sample</i>	<i>Result of Analysis</i>	<i>Remarks</i>
1.	Bovine Fat	Consisting entirely of horse fat	Runcorn U.D.C. Senior Sanitary Inspector requested sample to be taken at Runcorn Abattoir for submission to County Analyst. Prosecution undertaken by Runcorn U.D.C. on this sample and resulted in fine of £2 and £5 costs.
2.	Iodised Salt	13% deficient in iodine	Informal sample. Further sample obtained at manufacturer's premises was genuine. The loss of iodine had, owing to its volatility, undoubtedly taken place during storage.

- | | | |
|--------------------|--|-------------------------------------|
| 3. Synthetic Cream | Genuine but fails to comply with Article 2 (2) of the Labelling of Food Order, 1950, inasmuch that no name and address appeared on the packet. | Manufacturers cautioned. |
| 4. Milk | 6.6% deficient in fat. | Retail sample. Suppliers cautioned. |

Shell-fish (Molluscan)

There are no shell-fish beds in the area. Shell-fish are on sale regularly in the District. If shell-fish, mussels or shrimps are eaten locally, they must be *well* cooked and should come from Government-controlled beds.

Watercress

Only that grown on properly controlled beds with a pure water supply and labelled should be supplied, otherwise there is a danger of intestinal disease spreading.

SECTION F

Prevalence of and Control over Infectious and other Diseases

The prevailing varieties of notifiable disease during the year were mainly confined to measles and scarlet fever.

When further research reveals more about the virus causing, e.g., measles and whooping cough, sound curative sera could be made when these diseases could be controlled and eventually wiped out.

Further research is required into the "carrier" state of many diseases with a view to providing a cure for these (including animals), but preventive inoculation against typhoid fever and other diseases will be necessary for many years, where these diseases are likely to occur, or are prevalent; in addition proper hygiene and sanitation are an essential.

Diphtheria Immunisation

My Council's free scheme was, up to 5th July, 1948, still available so that parents and guardians could have their children properly immunised against the deadly disease diphtheria, after this the free scheme continued under control of the Divisional Health Committee of the Cheshire County Council.

All children one to fifteen years of age, *preferably* between the *sixth and ninth month*, should be properly immunised against Diphtheria by two injections ; in addition, a "booster" dose (one) is required in five years' time. This can be obtained *free of cost*

through the Parents' or Guardians' own Doctor in the Surgery ; also at Welfare Centres and Day Nurseries. Special clinics are organised at Schools as required. Application should be made at the Welfare Centres, Day Nurseries, Schools or to the Health Department (Divisional).

Propaganda on the above has been continuously carried out aided by the Press and the Central Council for Health Education, but still some children are found on admission to hospital to have not been immunised, and some have suffered from very serious complications as a result. *Parents or Guardians should face up to their responsibilities and have their children properly immunised at once:—“PREVENTION IS BETTER THAN CURE.”*

Prevention of Disease from Abroad

The Government, under the appropriate Acts, have a system of medical examination, etc., for those persons arriving in this country from abroad who have been in areas where serious infectious diseases has occurred. All contacts are medically examined, given written and verbal instructions what to do if they feel ill, and the local Medical Officer of Health is notified of their arrival, and he arranges for the necessary supervision. It is strongly recommended that all infants and others should be properly vaccinated according to the law on the subject; this can be carried out free of charge through the patient's own doctor.

Ophthalmia Neonatorum

Cases of this disease are notified immediately to the County and local Divisional Medical Officer of Health.

Cancer

Under Section 76 of the National Health Service Act, 1946, Sections 1, 2 and 6 and sub-sections (2) and (3) of Section 8 of the Cancer Act, 1939, were repealed and the responsibility for the provision of an adequate Cancer Service was placed on the Minister and Regional Hospital Boards by Part II of the National Health Service Act of 1946.

Facilities for cancer diagnosis and treatment are available in all major general hospitals in the area and the radiotherapeutic work of the region is centred at the Liverpool Radium Institute. Follow-up clinics are undertaken at the Chester Royal Infirmary.

The area of the Runcorn Rural District Council and the Runcorn Urban District Council are within the area of the Liverpool Regional Hospital Board.

ANALYSIS OF CASES OF INFECTIOUS DISEASE (OTHER THAN TUBERCULOSIS) NOTIFIED DURING 1951

Notifiable Diseases	Age Period—Years										Total Cases	Total Deaths	Cases moved to Hospital	Deaths in Hospital
	0—	1—	3—	5—	10—	15—	25—	45—	65 and over	Age unknown				
*Scarlet Fever	1	3	12	22	3	—	—	—	—	—	41	—	20	—
Whooping Cough	2	9	17	12	1	—	—	—	—	—	41	—	—	—
Acute Poliomyelitis:														
(a) Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Non-Paralytic	—	—	—	1	—	—	—	—	—	—	1	—	1	—
Measles	7	56	67	67	3	1	3	—	—	—	204	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Pneumonia (Lobar or Influenzal)	—	—	—	1	1	2	3	7	2	—	16	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis:														
(a) Infective	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Post-Infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Runcorn Urban District

TOTAL DEATHS, 1951

<i>Causes of Death</i>						<i>Males</i>	<i>Females</i>
	All causes	...	....	....	....	170	149
1.	Tuberculosis, respiratory	....	....	....	....	1	1
2.	Tuberculosis, other	....	....	....	....	—	—
3.	Syphilitic disease	....	....	....	....	2	—
4.	Diphtheria	....	....	....	....	—	—
5.	Whooping cough	....	....	....	....	—	—
6.	Meningococcal infections	....	....	....	....	—	1
7.	Acute Poliomyelitis	....	....	....	....	—	—
8.	Measles	....	....	....	....	—	—
9.	Other infective and parasitic diseases	....	....	....	....	2	—
10.	Malignant neoplasm, stomach	....	....	....	....	4	3
11.	Malignant neoplasm, lung, bronchus	....	....	....	....	6	1
12.	Malignant neoplasm, breast	....	....	....	....	—	2
13.	Malignant neoplasm, uterus	....	....	....	....	—	1
14.	Other malignant and lymphatic neoplasms	....	....	....	....	14	18
15.	Leukaemia, aleukaemia	....	....	....	....	1	—
16.	Diabetes	....	....	....	....	—	3
17.	Vascular lesions of nervous system	....	....	....	....	18	22
18.	Coronary disease, angina	....	....	....	....	20	6
19.	Hypertension with heart disease	....	....	....	....	5	4
20.	Other heart disease	....	....	....	....	40	41
21.	Other circulatory disease	....	....	....	....	6	7
22.	Influenza	....	....	....	....	9	2
23.	Pneumonia	....	....	....	....	8	6
24.	Bronchitis	....	....	....	....	11	8
25.	Other diseases of respiratory system	....	....	....	....	—	1
26.	Ulcer of stomach and duodenum	....	....	....	....	—	—
27.	Gastritis, enteritis and diarrhoea	....	....	....	....	2	1
28.	Nephritis and nephrosis	....	....	....	....	1	1
29.	Hyperplasia of prostate	....	....	....	....	2	—
30.	Pregnancy, childbirth, abortion	....	....	....	....	—	—
31.	Congenital malformations	....	....	....	....	2	—
32.	Other defined and ill-defined diseases	....	....	....	....	10	17
33.	Motor vehicle accidents	....	....	....	....	2	—
34.	All other accidents	....	....	....	....	3	—
35.	Suicide	....	....	....	....	1	3
36.	Homicide and operations of war	....	....	....	....	—	—
(Registrar-General's figures)						—	—
TOTAL						170	149

Deaths of Infants under 1 year	{	Total	....	....	....	Males	7	Females	5
		Legitimate		....	....		7		5
		Illegitimate		....	....		—		—
LIVE BIRTHS	{	Total	....	....	....		201		183
		Legitimate		....	....		191		172
		Illegitimate		....	....		10		11
STILLBIRTHS	{	Total	....	....	....		6		5
		Legitimate		....	....		5		5
		Illegitimate		....	....		1		—
POPULATION (mid June, 1951)						....	....	....	Estimated 23,890
Comparability Factors: Births 0.98; Deaths 1.15									

Classified Table of Cancer Deaths

Site	Age								Total
	0-30		30-50		50-70		70 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	
Bladder	—	—	—	—	—	2	—	—	2
Breast	—	—	—	—	—	1	—	1	2
Bronchial	—	—	—	—	2	1	—	—	3
Colon	—	—	—	1	—	2	—	2	5
Gastric	—	—	—	—	1	1	—	—	2
Hepatic	—	—	—	—	—	1	—	—	1
Larynx	—	—	—	—	—	1	—	—	1
Liver	—	—	2	1	—	1	2	—	6
Lung	—	—	—	—	3	—	2	—	5
Oesophagus	—	—	—	—	—	3	—	—	3
Prostate	—	—	—	—	2	—	2	—	4
Rectum	—	—	—	—	2	1	—	1	4
Renal	—	—	—	—	—	1	—	—	1
Stomach	—	—	1	—	2	—	1	2	6
Tongue	—	—	—	—	—	—	—	1	1
Vater (Ampulla of)	—	—	—	—	1	—	—	—	1
Vesical	—	—	—	—	—	—	1	—	1
Uterus	—	—	—	—	—	1	—	—	1
MALE DEATHS	—	—	3	—	13	—	8	—	Total
FEMALE DEATHS	—	—	—	2	—	16	—	7	49

Birth-rates, Death-rates, Analysis of Mortality, Maternal Death-rates and Case-rates for certain Infectious Diseases in the year 1951

England and Wales, London, 126 Great Towns and 148 Smaller Towns
(Provisional Figures based on Weekly and Quarterly Returns.)

	<i>Runcorn Urban District Resident Population (estimated mid-June 1951), 23,890</i>	<i>England and Wales</i>	<i>126 County Boroughs and Great Towns including London</i>	<i>148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census)</i>	<i>London Adminis- trative County</i>
<i>Rates per 1,000 Population</i>					
BIRTHS—					
Live Births (384)	16.07	15.5	17.3	16.7	17.8
Still births (11)	0.46	0.36	0.45	0.38	0.37
DEATHS—					
All causes (319)	13.34	12.5	13.4	12.5	13.1
Typhoid and Paratyphoid (—)	0.00	0.00	0.00	0.00	0.00
Whooping Cough (—)	0.00	0.01	0.01	0.01	0.01
Diphtheria (—)	0.00	0.00	0.00	0.00	0.00
Tuberculosis (4)	0.16	0.31	0.37	0.31	0.38
Influenza (11)	0.46	0.38	0.36	0.38	0.23
Smallpox (—)	0.00	—	—	—	—
Acute Poliomyelitis (in- cluding polioencephalitis) (—)	0.00	0.00	0.01	0.01	0.00
Pneumonia (14)	0.58	0.61	0.65	0.63	0.61
NOTIFICATIONS (corrected)					
Typhoid Fever (—)	0.00	0.00	0.00	0.00	0.00
Paratyphoid Fever (—)	0.00	0.02	0.03	0.02	0.01
Meningococcal infection(—) ..	0.00	0.03	0.04	0.03	0.03
Scarlet Fever (41)	1.71	1.11	1.20	1.20	1.10
Whooping Cough (41)	1.71	3.87	3.62	4.00	3.11
Diphtheria (—)	0.00	0.02	0.02	0.03	0.01
Erysipelas (1)	0.04	0.14	0.15	0.12	0.15
Smallpox (—)	0.00	0.00	0.00	—	—
Measles (204)	8.53	14.07	13.93	14.82	14.64
Pneumonia (16)	0.66	0.99	1.04	0.96	0.72
Acute Poliomyelitis (in- cluding polioencephalitis)					
Paralytic (—)	0.00	0.03	0.03	0.03	0.02
Non-paralytic (1)	0.04	0.02	0.02	0.03	0.02
Food Poisoning (—)	0.00	0.13	0.15	0.08	0.23
<i>Rates per 1,000 Live Births</i>					
DEATHS—					
All causes under 1 year of age (12)	31.25	29.6 (a)	33.9	27.6	26.4
Enteritis and Diarrhoea under 2 years of age (2)	5.2	1.4	1.6	1.0	0.7
<i>Rates per 1,000 Total (Live and Still) Births</i>					
NOTIFICATIONS (corrected)					
Puerperal fever and Pyrexia (2)	5.06	10.66	13.77	8.08	14.90

(a) Per 1,000 related live births

Maternal Mortality in England and Wales

	Intermediate List No. and cause	Number of Deaths	Rates per 1,000 Total of Deaths (Live and Still) Births	Rates per million women aged 15-44
A115	Sepsis of pregnancy, childbirth and the puerperium	70	0.10	0
	{ Abortion with toxæmia	3	0.00	
A116	{ Other toxæmias of pregnancy and the puerperium	167	0.24	
A117	Haemorrhage of pregnancy and childbirth	91	0.13	
A118	Abortion without mention of sepsis or toxæmia	37	0.05	4
A119	Abortion with sepsis	66	0.09	7
A120	Other complications of pregnancy, childbirth and the puerperium	125	0.18	

TUBERCULOSIS

No person employed in the milk trade was found to be suffering from pulmonary tuberculosis, nor was it found necessary compulsorily to remove to hospital any person suffering from tuberculosis.

For the prevention of this disease, the following precautions should be noted:—

Proper food (see remarks in Appendix A), in addition, early diagnosis (X-ray, etc.), proper treatment, *thorough* disinfection of homes when cases go to sanatorium, separate rooms and utensils, frequent visits by health visitors, and as required by the Medical Officer of Health and sanitary inspectors. All new cases are specially investigated by me and reported to me as Divisional Medical Officer of Health (as required to H.M. Inspector of Factories). Close liaison is kept with the Chest Physician. Follow-up of contacts and the patients by the health visitor is carried out very thoroughly and action is taken as required by myself and the Chest Physician (Divisional Health).

In my opinion, all milk, especially for children, should be properly heat-treated (e.g., pasteurised or sterilised), failing this, heat-treated in the home.

A reduction in cases of non-pulmonary (e.g., glands and joints) tuberculosis has occurred in both my Urban and Rural Districts, since proper heat-treatment has become more available.

With proper veterinary control of cattle, proper housing conditions and food for the people: these will help to stamp out this terrible disease. Proper heat-treatment of milk not only kills tubercle bacillus, but other germs causing disease.

A thorough disinfection (steam, etc.) of the house, clothing, etc., with a *thorough* “spring-clean” of the house when a case is admitted to a sanatorium or hospital, is essential. Isolation of contacts (especially children) is most essential, and every endeavour is made to do

this. B.C.G. injections are given by the Chest Physician in suitable cases. Chalets and extra beds and bedding are supplied as and when required.

Medical officers in charge of industrial hygiene, etc., Factory Inspectors, form a valuable liaison in preventing and ascertaining the cause of tuberculosis (e.g., dust, working conditions, disinfections, cleanliness, etc.). The Public Health Act, 1936, Section 287, proves useful to the Medical Officer of Health (and sanitary inspectors) allowing power of entry to any premises for the general purpose of the Act, in conjunction with those concerned.

TUBERCULOSIS
New Cases and Mortality during 1951

<i>AGE PERIODS</i> <i>Years</i>	<i>NEW CASES</i>				<i>DEATHS</i>			
	<i>Respiratory</i>		<i>Non-Respiratory</i>		<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0-	—	—	—	—	—	—	—	—
1-	—	—	—	—	—	—	—	—
2-	—	—	—	—	—	—	—	—
5-	—	1	—	—	—	—	—	—
10-	—	3	—	—	—	—	—	—
15-	1	—	—	—	—	—	—	—
20-	1	—	—	—	—	1	—	—
25-	5	1	—	—	—	—	—	—
35-	1	2	—	—	—	—	—	—
45-	2	1	—	—	—	—	—	—
55-	4	—	—	—	3	—	—	—
65-	1	—	—	—	—	—	—	—
75 and upwards	—	—	—	—	—	—	—	—
TOTALS	15	8	—	—	3	1	—	—

Ten Years' Table of Notifications and Deaths from Tuberculosis
(a) Pulmonary Tuberculosis

Year	Cases Notified		Deaths	
	Male	Female	Male	Female
1942	14	8	7	3
1943	7	2	6	4
1944	7	6	2	4
1945	7	10	4	5
1946	6	5	6	5
1947	12	9	7	—
1948	12	4	4	2
1949	6	2	4	5
1950	7	9	8	—
1951	15	8	3	1
TOTALS	93	63	51	29

Ten Years' Table of Notifications and Deaths from Tuberculosis
(b) Non-Pulmonary Tuberculosis

Year	Cases Notified		Deaths	
	Male	Female	Male	Female
1942	3	2	1	1
1943	—	4	1	—
1944	2	6	—	1
1945	2	1	—	—
1946	—	2	—	—
1947	5	1	2	1
1948	1	2	1	—
1949	8	4	—	2
1950	1	—	1	—
1951	—	—	—	—
TOTALS	22	22	6	5

IMPORTANT

THE COMMON SENSE PREVENTIVE MEASURES AGAINST DISEASE

- (1) **CLEANLINESS.** (a) This **must** be thorough in or around the house, kitchen, shop, larder, etc. (This also applies to feeding bottles and teats.)

WHY? Where these are **absolutely** clean there are few, if any, disease germs. Feeding bottles and teats **must** be thoroughly washed and boiled prior to use. If in doubt ask your Public Health Department, Welfare Centre, Health Visitor, or District Nurse.

(b) This also applies to those who handle and cook food, especially the hands and nails.

WHY? Dirt (with disease germs) may be on the hands or **under the nails** and so spread disease germs to food; **always** thoroughly wash the hands and **clean under the nails** after using the lavatory.

- (2) **DESTRUCTION OF FLIES, RATS AND MICE.**

(a) **FLIES:** Any dirt, faeces, manure, etc., **in which flies breed** must be disposed of quickly and thoroughly (burying and **well covering** these with earth is one of the best ways). Flies should be destroyed by, e.g., fly sprays, fly swats, fly papers, etc., and food larders, pail closets, and bins **must** be fly proof. Food **must** be protected from dust, dirt, flies, rats and mice, and kept in a cool well ventilated place. Disinfectant solution **must** be used to **cover** contents in pail closets.

WHY? Flies **carry** disease germs (in and on their bodies) from all kinds of dirt to food, and so spread diseases.

(b) **RATS AND MICE:** For the destruction of these ask your chemist; failing this your Sanitary Inspector (who is also the Rodent Officer).

WHY? Rats and mice **breed** in all kinds of dirt, and like flies carry disease germs to food (and water).

- (3) **FOOD** should be **properly** heat treated; this applies especially to the manufacture of ice cream, the cooking of shell-fish, and the pasteurisation and sterilization of milk. Where milk is not pasteurised or sterilized I recommend that this is boiled at home.

WHY? By proper heat treatment, any disease germs present are destroyed. This applies to all kinds of food, including ice cream, shell-fish and milk.

- (4) **WATERCRESS** must be obtained from properly controlled beds, that is, where pure water is supplied; **this with lettuce and fruits** without a fairly thick outside coat, should be thoroughly washed in a weak Condyl's solution and then rinsed with pure water before being eaten.

WHY? Watercress can carry disease germs on it; this also applies to lettuce and fruit.

- 5) **DRIED EGGS AND DRIED MILK** must be kept in a cool place, and when the package is opened it should be used up quickly.

WHY? These are good foods, but if the containers are left open to the air too long (e.g., over two days) germs can grow in them and so spread disease.

- (6) **ALL WATER FOR DRINKING, DIETETIC OR DAIRY PURPOSES** should be from a pure supply; if in doubt as to its purity, boil it well for small quantities, or chlorinate it for large quantities—see instructions on bottles obtainable from most chemists. **Do not bathe in rivers, etc.**, which may be sewage polluted.

WHY? Water, if impure, can have disease germs in it; boiling or chlorination kills disease germs. If you bathe in rivers, canals, etc., which may be sewage polluted, you may swallow disease germs.

- (7) **CONSTIPATION.** This *must* be avoided, for example, by eating sufficient roughage food, e.g., whole-meal bread and vegetables also by keeping the stomach muscles strong and healthy by games and P.T. exercises. If in doubt see your own doctor.

WHY? If constipated foul matter remains too long in the lower bowel so poisoning the blood and also holding disease germs in the bowel which may infect the body. Many diseases might be traced to chronic constipation.

- (8) **TO AVOID SPREADING “COLDS IN THE HEAD”, INFLUENZA, etc.** Use a handkerchief when you cough or sneeze.

WHY? A handkerchief acts as a screen and so catches disease germs from the nose and throat. Disinfect and boil handkerchiefs well prior to washing. Wet feet, wet clothes, and draughts cause chilling of the body and so render it more liable to disease.

- (9) **PROTECTIVE INJECTIONS AGAINST DIPHTHERIA, SMALL-POX, etc.** See that all (especially young children) have these as required.

WHY? By these injections the body is more fully protected against dangerous diseases. If in doubt ask your own doctor, Medical Officer of Health, Welfare Centre, Health Visitor, or District Nurse.

- (10) **PROPER DISINFECTION OF HOUSES, etc.** After any serious disease in a house, etc., see that this is carried out (ask your Public Health Department, Sanitary Inspector), **also a thorough “spring-clean”**. The latter would be sufficient in less serious diseases such as influenza, measles and whooping cough.

WHY? By this disease germs are destroyed or washed away and so cannot infect others.

- (11) **ISOLATION OF CONTACTS OF INFECTIOUS DISEASE.** Carry out thoroughly what is recommended on the special pamphlet issued by the Medical Officer of Health when patients are sent to hospital or nursed at home.

WHY? By so doing disease germs are less likely to spread. If in doubt ask your own doctor or Public Health Department (e.g., your Sanitary Inspector). This applies also to any *sick* animals (indoor or outdoor); if in doubt call in a veterinary officer.

- (12) **DEFECTIVE TEETH.** See your dentist if your teeth are bad or septic; better still see him as a routine every six months.

WHY? If your teeth are bad or septic the chewing powers are not good and so all kinds of indigestion may arise. Septic teeth (and gums) lead to poisoning of the blood and so to various diseases.

(13) **THE PREVENTIVE FOODS.** Eat some of these daily in your daily diet, which **must** be properly cooked, varied, **and** flavoured.

WHY? The preventive foods (i.e., those which help the body to prevent disease) are:—

Milk and eggs (dried or ordinary);

Cheese;

Fresh vegetables and fruit (cooked or in salads);

Animal fats, e.g., fish (especially herrings), and butter;

Margarine (vitaminised).

These all contain valuable substances called **vitamins** which are **essential** to good health. If in doubt ask, e.g., your Health Visitor or School Teacher, failing this your doctor.

When the above cannot be obtained, various additional vitamins, e.g., rose hip juice (vitamin C), vitamin C tablets, wheatgerm (vitamin B), cod and halibut liver oil (vitamins A and D) and other vitamins can be obtained from your own doctor if he agrees these are required. They can also be bought at the various chemists and shops. Without the proper amount of vitamins taken daily, the body is more open to attack by disease germs.

GENERAL

- (1) Anyone feeling ill should see their own doctor (better still, as a routine, see him once a year)—though with the above common-sense precautions there should be little danger of contacting or spreading disease.
- (2) **ASK FOR MORE OF THESE PAMPHLETS AS REQUIRED FROM YOUR MEDICAL OFFICER OF HEALTH.** Have discussion groups, lectures and films on health education. Attend the official classes on personal hygiene given by, e.g., the Red Cross Society, St. John Association, Scouts and Girl Guides—these organisations have excellent little books on the subject. Always carry out these common-sense preventive measures and *tell others about them*.
- (3) Good health mostly depends on YOU—your co-operation is essential.

“WHERE THERE IS DIRT THERE IS DISEASE”

E. N. HILLMAN GRAY, L.R.C.P.&S., L.M., D.P.H.

Medical Officer of Health, Runcorn Urban & Rural Districts.
Divisional Medical Officer and School Medical Officer.

Appendix "B"

CHESHIRE COUNTY COUNCIL

RUNCORN DIVISIONAL HEALTH COMMITTEE

REPORT
FOR THE YEAR
1951

By the

DIVISIONAL MEDICAL OFFICER OF HEALTH

Presented to the
Runcorn Divisional Health Committee
18th March, 1952

MEMBERS OF THE RUNCORN DIVISIONAL HEALTH COMMITTEE

Chairman:
COUNCILLOR J. HUNT, J.P.

Deputy Chairman:
COUNCILLOR H. HUGHES, C.C., J.P.

Representatives of Local Health Authority

County Councillor G. ASTBURY, J.P. (Chairman, County Health Committee)
,, Dr. W. N. LEAK (Vice-Chairman, County Health Committee)
Alderman W. A. GIBSON, J.P.
,, W. GITTINS, J.P.
County Councillor A. E. MOORS
,, J. D. WHITLEY

Runcorn Rural District Council Representatives

Councillor Mrs. E. STANSFIELD, J.P.	Councillor G. S. WALLWORTH, J.P.
,, J. A. HUTCHINSON	,, E. G. WHITE
,, H. JACKSON	,, C. WILKINSON
,, W. S. LOOKER	,, G. WILLIAMS

Runcorn Urban District Council Representatives

Councillor E. C. BROOKER, J.P.	Councillor T. B. SHALLCROSS
,, H. GOODALL	,, T. WHITBY, J.P.
,, C. POSNETT, C.C.	,, A. WOOD
,, F. Ratcliffe	

Co-opted Members

Mr. W. H. STUBBS, Chester and District Hospital Management Committee
Mr. A. JONES, Runcorn Divisional Executive for Education
Dr. C. E. W. BOWER, Local Medical Committees for the County Palatine of Chester
Dr. E. WARDLE, National Health Service, Local Dental Committees
Mrs. W. HILL, Cheshire County Nursing Association
Mrs. C. EVANS
Mr. E. EARLAM
Mr. W. RICHARDSON

Officers

Clerk to the Committee: Mr. T. J. Lewis

Divisional Medical Officer: E. N. Hillman Gray, L.R.C.P. & S., L.M., D.P.H.

**CHESHIRE COUNTY COUNCIL
RUNCORN DIVISIONAL HEALTH COMMITTEE**

**ANNUAL REPORT OF THE
DIVISIONAL MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1951**

INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE
RUNCORN DIVISIONAL HEALTH COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present this my Annual Report dealing with those portions of the Sections of Part III of the National Health Act, 1946, for which this Committee is responsible.

The report is sub-divided into the various sections of the Act and gives details of the work carried out during the year.

Child Welfare.—In connection with child welfare, in addition to the official welfare centres, day nursery, etc., available for all concerned, there are many representative voluntary organisations concerned with this very important subject—for further information enquiries should be made at the Divisional Health Department.

Family Planning Association (for marriage guidance, etc.—strongly recommended).—Some of the voluntary clinics in the north are, e.g.:—

†LIVERPOOL MOTHERS' WELFARE CLINIC, 9 Cambier Terrace, Liverpool, 1.—Wednesdays, Thursdays and Fridays, 2 to 3 p.m.

BRANCH CLINICS:—

*†Liverpool, 4.—294 Netherfield Road. Thursdays, 10.30 to 11.30 a.m.

*†Liverpool, 11.—Community Council Hall, Townsend Avenue. Monday, 2 to 3 p.m.

*†Liverpool, 21.—Linacre Methodist Mission, Linacre Road, Litherland. Fridays, 2 to 3 p.m.

At clinics marked * every patient is seen by a doctor.

At clinics marked † pre-marriage advice is given.

Smallpox.—Owing to the danger of serious cases of smallpox arriving in this country from abroad, all concerned are advised they should be vaccinated.

Immunisation.—*Diphtheria immunisation* proves again and again everywhere in the world its wonderful powers to prevent this deadly disease; *all children*, preferably between the sixth and ninth months, must be properly immunised, with a further dose in just under five years' time; this can be obtained free of cost under the Divisional Health Committee Scheme from their own doctors or at the welfare centre, day nursery or school.

PREVENTION IS BETTER THAN CURE.

From the number of notifications received during the year for children who had been vaccinated against smallpox and immunised against diphtheria, it is noted that there was an increase over the previous year in the percentage of children so protected, but the figures are still well below the very good percentage that was maintained during the latter years of the war. Remarks on this serious aspect of preventive medicine are made later in my report.

Every endeavour will be made to ensure that the high percentage of children vaccinated and immunised in the past is maintained in future years.

Ambulance and Transport Service

The temporary ambulance and transport service has continued during the year, and for a temporary service this has worked satisfactorily. The Cheshire County Council hope to establish a permanent Ambulance and Transport Service as soon as possible.

Prevention of Illness, Care and After-care

In connection with the prevention of illness, care and after-care, much work has been carried out during the year, especially with tuberculosis patients. All cases on the registers have been visited by the health visitors, and up-to-date report sheets completed. The care and after-care of these patients, and also other cases of illness, will be further pursued.

Accidents.—Insufficient attention is given to the prevention of accidents, especially in young persons, which could be avoided by common-sense methods; voluntary societies and school authorities can help in this important matter with suitable lectures and discussion groups at frequent intervals. The Citizens' Advice Bureaux (Chester and Warrington) can advise where specialist lectures can be obtained.

Research.—Further medical and veterinary research (in addition, research on the virus diseases in plants, animals, etc.) may solve the question of the cause and spread of the diseases caused by viruses; especially the serious disease anterior poliomyelitis (infantile paralysis).

Intensive research is being carried out by the Ministry of Health to ascertain whether german measles (rubella) occurring in pregnant women may cause malformations, etc., in the new-born. (It is interesting to note that most tropical diseases have a cure, *due mostly to intensive research*, i.e., find the cause.) Research *must* proceed “behind the scenes” so that the cause and eventually the prevention and cure of all diseases will result. Further facilities in the investigation of infectious disease and disease generally is recommended, e.g., by pathological *overhauls*. A *FULL* examination of the blood is “a mirror of the health” of the individual and is insisted on by, e.g., some insurance companies in the United States.

Health Education

A pamphlet on the “*Commonsense Preventive Measures Against Disease*” is issued as required to all concerned via voluntary societies, health visitors, district nurses, midwives, and sanitary inspectors; it has proved most useful and instructive, especially where discussion groups, lectures, etc., have been arranged on the subject. (See Appendices to Annual Reports Runcorn Urban District Council and Runcorn Rural District Council, 1951.)

Hostel Accommodation (e.g., for elderly persons who can look after themselves) and **Convalescent Treatment** (N.B., children), can be arranged for through the Divisional Medical Officer of Health where beds are available and parents or guardians are prepared to pay a weekly amount based on an official “means test”.

A close liaison has been kept with doctors, consultant chest physicians, health visitors and district nurses in the day-to-day administration of the various sections of the Act, and I am most grateful for the help they have afforded me at all times.

Domestic Help Service

The Domestic Help Service is being used more and more each year, especially in cases of old people living on their own where they are unable to keep their homes clean. In each case an enquiry is made as to whether relations can help, or someone could be asked to live in, so helping the housing shortage, and only where a help is essential is this optional service granted, and then only on a “means test”.

The National Assistance Board has been called in as and when required.

My thanks are due to the Chairman and Members of the Divisional Health Committee for their support and help to me on all occasions.

The co-operation and assistance of the County Medical Officer and his staff, the Clerk to the Divisional Health Committee, and also

the staff of my Divisional Health Office, have been greatly appreciated by me in the carrying out of my various duties.

I beg to remain,

Town Hall, Runcorn

Your obedient Servant,

12th March, 1952

E. N. HILLMAN GRAY

SECTION 22

CARE OF MOTHERS AND YOUNG CHILDREN

There are seven Welfare Centres in the Division, as follows:—

ANTROBUS — A Child Welfare Clinic is held at the Parish Hall on the first and third Wednesday of each month at 2.0 p.m.

FRODSHAM — The Child Welfare Clinic is held on alternate Tuesdays at the Trinity Church House, The Rock, Frodsham, at 2.0 p.m.

In addition, Ear, Nose and Throat, Visual and Minor Ailments Clinics are also held at this Centre during the month.

In November work commenced on the alterations of the Chapel-on-the-Rock, Frodsham, for a new Welfare Centre for this area, and it is hoped the work will be completed early in 1952.

GRAPPENHALL — A Child Welfare Clinic is held at the Methodist Sunday School each Tuesday at 2.0 p.m.

HELSEBY — The Child Welfare Clinic for this district is held at the British Insulated Callenders Cable Works Recreation Room, Helsby, on alternate Tuesdays at 2.0 p.m.

KINGSLEY — During the year arrangements were made for opening a Child Welfare Clinic for Kingsley and district, and on the 13th June, 1951, this was opened at the Hurst Chapel, Kingsley.

The Clinic is held on the second and fourth Wednesdays of each month at 2.0 p.m.

RUNCORN — The Child Welfare Clinic at this Centre is held at the Welfare Centre, 29 High Street, Runcorn, each Wednesday at 10.0 a.m. and 2.0 p.m.

Clinics for the following are also held during the month at this Centre:—Ante-natal; Post-natal; Minor Ailments; School; Orthopaedic; Physiotherapist; Speech Therapy; Toddlers; and Visual.

Work commenced in November on the conversion of "Aulderwood" and "Rydal Mount", Halton Road, Runcorn, for a new all-purposes Welfare Centre for Runcorn, and it is hoped that this will be ready for occupation at a date in 1952.

On the 1st September, 1951, arrangements were made for the purchase and sale of welfare foods at the Antrobus, Kingsley and Runcorn Centres to be carried out through my office. At the other Welfare Centres the purchase and sale of welfare foods is carried out by voluntary committees.

There is one Day Nursery in the Division, situated in Okell Street, Runcorn.

During the year the Committee inspected the Welfare Centres at Frodsham, Runcorn and Stockton Heath, and the Day Nursery, Runcorn, and attention was given to alterations, repairs and replacements required.

During the year I also made periodic visits to all Welfare Centres in the Division and to the Day Nursery, and any items requiring attention were referred to the Committee for their consideration.

Work did not commence during the year on the provision of drying cupboard, cot store and milk room, and alterations to pram shed at the Day Nursery, which were agreed to by the Committee during the previous year, but the contract has been signed and it is hoped that work will commence early in 1952.

Attendances at the various clinics held at the Welfare Centres and for the Day Nursery, are given in the following tables:—

A. MOTHERS' CLINIC					<i>New Cases</i>	<i>Total Attendances</i>
Ante-natal	....	....	....	....	236	960
Post-natal	....	....	....	....	3	4
Dental:—						
Pre-natal	....	....	....	....	5	5
Nursing mothers	....	....	....	....	7	11
Dentures supplied	....	....	....	....	—

B. YOUNG CHILDREN'S CLINICS					<i>New Cases</i>	<i>Total Attendances</i>
(i) <i>Infant welfare</i>						
To 1 year	....	....	....	....	636	7000
1 to 5 years	....	....	....	....	146	2667
(ii) <i>Specialist</i>						
Ophthalmic	....	....	....	....	15	87
Dental treatment (under 5)	....	....	....	....	59	61
E.N.T. (under 5)	....	....	....	....	1	1

B. (i) Welfare Centres					<i>New Cases</i>		<i>Total Attendances</i>	
					<i>0-1</i>	<i>1-5</i>	<i>0-1</i>	<i>1-5</i>
Antrobus	....	....	....	....	23	16	236	261
Frodsham	....	....	....	....	65	7	565	293
Grappenhall	....	....	....	....	114	8	1877	516
Helsby	....	....	....	....	40	3	586	375
Kingsley	....	....	....	....	33	17	136	63
Runcorn	....	....	....	....	243	78	2174	569
Stockton Heath	....	....	....	....	118	17	1426	590
Totals	....	....	....	....	636	146	7000	2667

B. (ii) Ophthalmic Clinics

						<i>New Cases</i>		<i>Total Attendances</i>
Frodsham	....	....	....	....	....	5	....	25
Runcorn	....	....	....	....	....	4	....	32
Stockton Heath	....	....	....	....	....	6	....	30
Totals	....	....	....	....	....	15	....	87

E.N.T. Clinic

						<i>New Cases</i>		<i>Total Attendance</i>
Frodsham	....	....	....	....	....	1	....	1
Stockton Heath	....	....	....	....	....	—	....	—
Totals	....	....	....	....	....	1	....	1

(iii) Day Nursery, Runcorn

						<i>Average No. Attending</i>		<i>Total Attendances</i>
Age 0-2 years	....	....	....	....	....	9	....	2184
2-5 years	....	....	....	....	....	26	....	6429

SECTION 23 — MIDWIFERY

Under this section the Committee are responsible for:—

- (i) Provision, where necessary, of accommodation for midwives and the maintenance, repair and alterations required for such premises.
- (ii) Provision of transport for midwives when necessary in cases of emergency.

No. 10 Stanley Villas, Runcorn, is the only County-owned property in the Division used for the accommodation of County midwives. During the year the Health Visitor occupying the first-floor flat at these premises resigned, and a new midwife who had been appointed for Runcorn, was accommodated in this flat. Both the flats are now occupied by County midwives.

All other County midwives in the Division reside in property under arrangements made by themselves, and for which this Committee have no responsibilities with regard to repairs, etc.

During the year the Committee inspected No. 10 Stanley Villas, Runcorn, and any repairs requiring attention were dealt with.

Transport and medical requisites were provided as and when required.

SECTION 24 — HEALTH VISITING

The Committee are also responsible for housing accommodation for Health Visitors, but during the year all Health Visitors in the Division resided in property under arrangements made by themselves, and for which this Committee have no responsibility with regard to repairs, etc.

SECTION 25 — HOME NURSING

All District Nurses, with the exception of the District Nurse for Stockton Heath, reside in county-owned or rented property.

The Stockton Heath District Nurse is living in rooms and numerous enquiries were made with a view to finding suitable accommodation, but without success.

The District Nurse for Stockton Heath resigned her appointment on 19th September, 1951, and a new District Nurse was appointed and commenced duties on the 1st October, 1951. She accepted the appointment on condition that she was only expected to reside in rooms for a short period. The General Purposes Subcommittee inspected a property at Stockton Heath that had come to their notice, but this was found unsuitable for occupation of the District Nurse, and the Committee recommended that the Runcorn Rural District Council be again approached with a view to them allocating a prefabricated bungalow to the County Council for occupation of the District Nurse until such time as the house to be built by the County Council was completed.

During the year negotiations continued regarding the purchase of a plot of land in Fairfield Gardens, Stockton Heath, which the Committee had recommended should be purchased for the erection thereon of a house for this District Nurse, but by the end of the year no agreement had been reached.

The Committee inspected all properties in the Division occupied by District Nurses and District Nurse/Midwives, and action was taken regarding any alterations, repairs or renewals requiring attention.

Work was commenced during the year on the extensive alterations to the Nurse's Home, Delph Cottage, Daresbury, and the repairs, painting and decorating at the Nurse's Home, 47 Main Street, Halton, were completed.

SECTION 26 — VACCINATION AND IMMUNISATION

I am pleased to be able to report that during the year under review there has been an increase in the number of vaccinations and immunisations carried out in the Division.

The percentage of children under 5 years immunised against diphtheria has risen from 52% in 1950 to 64% for 1951, and although it is pleasing to be able to report this increase, it must be pointed out that this figure is well below the percentage of children in this age group who were protected against this deadly disease during the latter years of the war.

The percentage of children under 1 year vaccinated against smallpox increased from 32% in 1950 to 48% for 1951—this percentage should be much higher.

A register is maintained of all births in the Division and if no record is received that a child has been vaccinated at the age of 6 months, a letter is sent to the parents strongly advising them to have their child vaccinated. A similar course is also taken regarding immunisation when the child is one year of age, in the case of those in whom immunity has not been carried out at 6-9 months.

During the year a number of Immunisation Clinics were arranged at schools in the Division; 77 children being given primary injections and 775 reinforcing injections. There was an increase in the number of reinforcing injections given in the Division from 70 in 1950 to 961 for 1951.

Whooping cough vaccine (alone or combined with anti-diphtheria) was used in the Division by certain doctors.

The following table shows the number of vaccinations and immunisations carried out during the year, and also, for comparison purposes, the figures for the previous year are given:

Vaccination

				<i>Welfare Centres</i>	<i>Doctor's Surgery</i>	<i>Patient's Home</i>	<i>Total</i>
Primary	....	1951	....	114	346	74	534
		1950	....	68	356	69	493
Revaccination	....	1951	....	1	139	6	146
		1950	....	4	101	10	115

Immunisation — Primary

				<i>Welfare Centres</i>	<i>Doctor's Surgery</i>	<i>Patient's Homes</i>	<i>School Clinics</i>	<i>Total</i>
Diphtheria	....	....	1951	164	333	59	77	633
			1950	120	174	24	—	318
Whooping Cough		....	1951	22	9	5	—	36
			1950	2	—	—	—	2
Combined Whooping Cough/Diphtheria			1951	50	117	19	—	186
			1950	73	186	10	—	269

Immunisation — Reinforcing Injections

Diphtheria	....	....	1951	9	173	4	775	961
			1950	—	67	3	—	70
Whooping Cough	....	....	1951	—	—	—	—	—
			1950	—	—	—	—	—
Combined Whooping Cough/Diphtheria			1951	—	—	—	—	—
			1950	—	1	—	—	1

SECTION 27 — AMBULANCE AND TRANSPORT SERVICE

The temporary scheme in force in the Division for this service whereby arrangements were made with private firms throughout the Division to supply ambulances and cars to convey patients to hospitals, etc., was continued during the year.

The arrangements made with the Chester and District Hospital Management Committee for the garaging of ambulance FLG 492 at the Dutton Recovery Hospital, and with Messrs. Hazlehurst Bros., of Dutton, for the driving and maintenance of this vehicle, were terminated on the 1st April, 1951; arrangements having been made for the transfer of the vehicle on loan to Mr. R. Myers of Runcorn.

The arrangements between the County Council and the Warrington Corporation, whereby the latter supplied ambulances for the conveyance of non-infectious cases from Stockton Heath and the surrounding district and infectious disease cases throughout the area of the Division, was continued during the year.

For patients travelling a considerable distance, where practicable arrangements were made for them to travel by rail, an ambulance being supplied for the conveyance of the patient from his/her home to the nearest railway station, and arrangements made with the distant authority for an ambulance to meet the train on arrival to convey the patient to his/her destination.

During the year the Ambulance and Transport Services Sub-Committee inspected suitable sites in the Runcorn area for the erection thereon of a permanent Ambulance Station for the Division, and recommended to the Committee a site in Clifton Road, Runcorn.

Details of journeys made during the year are as follows:—

(1)			(2)	(3)	(4)	(5)	(6)
			<i>No. of Vehicles 31.12.51</i>	<i>Total No. Journeys 1951</i>	<i>Total No. Patients Carried 1951</i>	<i>No. of Accident and Emergency calls included in Column 3 1951</i>	<i>Total Mileage 1951</i>
A.	DIRECTLY PROVIDED SERVICE	Ambulance	1	262	288	213	9527
		Cars	—	—	—	—	—
B.	AGENCY SERVICE (Red Cross, works regular con- tract firms)	Ambulance	5	563	609	486	17661
		Cars	6	3025	3883	801	79559
C.	SUPPLEMEN- TARY SERVICE (Hospital car service, Taxi firms)	Ambulance	—	—	—	—	—
		Cars	—	2750	3163	381	61695

D. Number of drivers available 31.12.51 for voluntary Car Services included in C above—NIL.

The Civil Defence Ambulance Service, being the responsibility of the Divisional Health Committee for the County Council—steps are being taken to provide suitable garages, etc., to be used in emergency throughout the Division, also to provide, to commence with, the peace-time establishment of volunteers. All concerned are asked to assist in obtaining volunteers.

SECTION 28

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

The Health Visitors were informed of all new cases and asked to visit and complete the environmental report sheet, and where the contacts of the patients had not attended the Chest Clinic for examination, they were advised to do so.

On receipt of the completed report sheets, these were carefully investigated by me, and where the housing conditions of the patients were such that it was advisable that they should be rehoused, the question was taken up with the Housing Departments of the Urban and Rural District Council's, and I am pleased to be able to report that both Councils gave their sympathetic consideration to the rehousing of these cases, and in a large number of cases they were able to rehouse the families. Where the housing accommodation was adequate the patients were strongly advised to occupy separate bedrooms, and in all cases, advice was given on the precautions

to be taken to prevent the spread of infection. Advice was also given to patients on how to obtain extra nourishment and assistance.

In all cases, enquiries were made to see whether it was possible to find the cause of infection.

In a few cases, especially where there were children at home, it was necessary to supply the services of a domestic help.

The chest physicians at the Runcorn and Warrington Chest Clinics tested the child contacts of cases, and during the year 31 B.C.G. injections were given.

When patients were admitted to hospital, arrangements were made for a full disinfection of the premises to be carried out.

The garden chalet which the Committee recommended should be supplied to a patient living in the rural area of the Division was delivered early in the year.

During the year No. 3 Mass Radiography Unit visited Runcorn for a period of approximately three months.

The unit was stationed at the Brunswick Street School, Runcorn, and was open to the public on two days each week. On the other days the unit visited works, factories and certain schools in Runcorn, Frodsham and Helsby.

Although I have not yet received the final report from the Medical Officer in charge of the unit, I understand that the number of persons who attended for examination was very satisfactory from works, etc., and the general public.

A few cases of pulmonary tuberculosis were discovered by the Mass Radiography Unit during their visit in the Division, but the total number of notifications received of new cases of pulmonary tuberculosis during the year was 37, compared with 38 notifications during the previous year when no units were operating in the area.

Details of cases during the period 1st January to 31st December, 1951, are as follows:—

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
(a) Total number of cases on register—					
1st January, 1951	131	97	54	57	339
31st December, 1951	143	109	42	47	341
(b) Removals from register, 1st January to 31st December, 1951—					
Died	6	1	—	—	7
Left district	—	3	—	—	3
Recovered	8	4	13	11	36
	14	8	13	11	46
(c) Number of notifications received, 1st January to 31st December, 1951—					
New cases	23	14	1	1	39
Transfers	3	5	—	—	8
Restored to register	—	1	—	—	1
	26	20	1	1	48

Care of the Aged

The care and after-care of old people living on their own is becoming a more difficult problem, but in conjunction with general practitioners, assistance has been given to have cases admitted to a suitable hospital or hostel, or where this has not been possible, the provision of a domestic help, and a visit by the district nurse.

Whenever there are relations and friends, contact is made with them, if required, so that they can be reminded of their responsibility in the care of the old people and more help can and should be given by relatives in many cases.

As previously mentioned, patients are encouraged to arrange for someone to live in whenever possible and practicable.

The "Over 60" Club in Runcorn does very good work in the care of old people and their work could, with advantage, be copied elsewhere in the Division. In addition Women's Institutes, Townswomen's Guilds and church organisations take an interest in old people's welfare, working in conjunction with ward and parish councils.

The Cheshire County Council are working in close liaison with the Central Council of Social Services, Warrington, in this matter, and hope to give voluntary assistance (visits, "sitters-in," etc.) soon.

Loan of Nursing Equipment

A supply of nursing equipment, apparatus, etc., is available for loan to patients from stocks supplied to district nurses, in accordance with the scale agreed to by the Cheshire County Council and my Committee. A reserve stock is also kept at my Divisional Office.

A patient borrowing equipment under the above heading is required to pay a deposit, which is refunded when the article is returned in good condition.

The number of articles loaned to patients during the year was 142 compared with 125 during the previous year.

Disabled Persons

A Register of Disabled Persons is being brought up-to-date, working in conjunction with, e.g., the District Rehabilitation Officer (Ministry of Labour), doctors, health visitors, district nurses, etc. Action will be taken as required with the District Rehabilitation Officer as regards Disabled Persons.

Home Occupation

In a few cases where patients are suffering from prolonged disability, resultant upon injury or sickness, arrangements have been made, in conjunction with the chest physicians and/or the patient's medical practitioner, and the British Red Cross Society for the supply of materials and apparatus for home occupation.

The patients have found great interest in the work and a new pleasure in life.

Some health visitors have given the greatest assistance to me in this important matter.

Health Education

Copies of my pamphlet "Commonsense Preventive Measures Against Disease" have been widely distributed throughout the Division, and posters on health education matters have been forwarded to shops, etc., for display.

Pamphlets are also left at homes where there are cases of infectious disease, giving details of the precautions to be taken to avoid the spread of infection.

Health matters on the wireless, Central Office of Information films, articles in the Press and magazines have aided health education, but the health visitors' personal visits and talks in the home are the most important means of spreading health education. The matron of the day nursery, Runcorn, and staff also greatly assist in this matter, in addition, doctors, midwives, district nurses and sanitary inspectors.

SECTION 29 — DOMESTIC HEALTH SERVICE

The number of domestic helps available at the 31st December, 1951, was 2 full-time and 23 part-time.

The demand on this service continued to increase during the year, especially for old people living on their own.

All applications for the services of domestic helps were carefully investigated. The health visitors visited all applicants to make full enquiries as to the need of help, and also to enquire whether it was possible for arrangements to be made for relatives to assist, or for someone to live in, in the case of old people living alone, and only where neither of these arrangements were possible, and it was in the interests of the health of the patients that help was provided, were the services of a domestic help supplied.

All protracted cases were revisited at regular intervals to ascertain whether conditions were such that the services of a domestic help could be discontinued, or the number of hours per week the help was supplied, reduced.

At the 31st December, 1951, there were 39 protracted cases remaining on the ledger.

The number of cases attended during the year was 141, an increase of 21 on the previous year. The cases were sub-divided as follows:—

<i>Confinement</i>	<i>Tuberculosis</i>	<i>Aged</i>	<i>Cases of</i>
<i>Cases</i>	<i>Cases</i>	<i>Persons</i>	<i>Other Illness</i>
37	2	66	36

This service is not free to the patient but subject to a "means test."

Where any hardship is claimed after the assessment, the case is referred to the Divisional Health Committee for their decision in the matter.

